

Louisiana Housing Finance Agency
2014 CARRYOVER CERTIFICATION
QUESTIONNAIRE

1. Upon submission of the 2014 Taxpayer Carryover Certification, the Taxpayer (check one):

_____ Did not have title to land or project as of _____, 2014.
_____ Did have title to land or project as of _____, 2014.

2. The Taxpayer's accounting method is (check one):

_____ Cash
_____ Accrual
_____ Other(Explain)

3. If the Taxpayer's accounting method is accrual, please specify amount and percentage of Developer Fee included as part of the Carryover Allocation Basis.

Total Expected Developer Fee	\$ _____
Developer Fee Included in Carryover Allocation Basis	\$ _____
Percentage of Developer Fee Included	_____ %

4. As part of the amounts treated as part of the Carryover Allocation Basis, the Taxpayer (check one):

_____ Used warehouse receipts.*
_____ Did not use warehouse receipts.

*If warehouse receipts were used, please submit copies of the warehouse receipts along with evidence of (i) insurance payments on the warehouse supplies, (ii) the costs of the supplies and insurance, and (iii) the name, address, and location of the warehouse holding the supplies and/or equipment.

5. Specify amount and percentage of carryover allocation basis which consisted of costs associated with warehouse receipts:

Total amount of warehouse receipts	\$ _____
Amount of warehouse receipt included in Carryover Allocation Basis	\$ _____
Percentage of warehouse receipts included in Carryover Allocation Basis	_____ %

6. Specify amount of Developer Fee and warehouse receipts which was required to satisfy minimum 10% Carryover Allocation: \$ _____

7. There have occurred no material changes in the Project. If a reprocessing change has taken place in the Project, the Taxpayer/Developer has submitted an amendment or supplement to the Application describing all reprocessing changes.

Under penalty of perjury, the undersigned duly authorized representative of the Taxpayer/Developer Certifies that the information contained in this questionnaire is true and accurate:

Taxpayer Name: _____

By: _____

Date: _____